

DoD Space Planning Criteria for Health Facilities

Medical Administration

FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS
		m ²	nsf	

2.5.1 PURPOSE AND SCOPE:

This Chapter provides guidance for the planning of Patient Administration in a medical facility. Patient Administration includes TRICARE offices, Admissions & Dispositions, Inpatient and Outpatient Records, and Transcription.

2.5.2. DEFINITIONS:

Administrative Personnel: Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the missions of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.

Admission and Disposition Clerk: A medical records technician, who interviews patients being admitted to the Hospital or Medical Center and who creates the inpatient record and all documents necessary for the admission.

Ambulatory Surgery Records: Ambulatory surgery records are called “Extended Ambulatory Records” but are treated the same as inpatient records and stored with inpatient records in a hospital or medical center. In a freestanding clinic with ambulatory surgery service, these records are managed and stored the same as inpatient records.

Birth Clerk: The birth clerk is responsible for birth related records such as birth certificates and counseling/applications for social security numbers.

Cashier: The cashier is the person responsible for receiving, holding and disbursing cash to and from hospital or Medical Center patients as a result of diagnostic care or treatment.

Decedent Affairs Clerk: The decedent affairs clerk is the person responsible for the administrative details (survivor counseling, paperwork and notifications) incidental to the death of a patient.

Extended Ambulatory Records (EAR): Extended Ambulatory Records are the records used to document ambulatory or “same day” surgery and observation status. These records are treated in the same manner as an inpatient record and they are kept on file for the same period of time as an inpatient record. They are stored within the inpatient records room, or a similar secure area.

Inpatient Records: Inpatient records exist in hospitals and in clinics (where they keep records of active duty members admitted to civilian medical treatment facilities). They provide a record of diagnosis and treatment. Service Regulation and Retention Schedules govern the creation and maintenance of inpatient records. While each of the three services have their own patient record forms and separate training for patient administration technicians, who work with records, the recording within records of diseases and procedures is done in accordance with the International Classification of Diseases-9-CM. (See <http://www.icd-9-cm.org>).

MEDICARE Eligible: A patient who is 65 years of age or older and is qualified for federal reimbursement for healthcare.

Office: A private office is an enclosed room outfitted with either standard furniture (Room Code OFA01) or systems furniture (Room Code OFA02). An administrative cubicle is within an open room and is constructed out of system furniture (Room Code OFA03).

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2.5.2. DEFINITIONS: Continued

Outpatient Records: Outpatient records provide a record of diagnostic and treatment encounters of ambulatory patients in the clinic or a hospital or in a freestanding clinic. Outpatient records are maintained (filed) separately from inpatient records and may be kept in a hospital, Medical Center or a freestanding clinic.

Third Party Collection: Third party collection is that effort to obtain payment for health care services from other than the patient. The first two parties to a health care encounter are the patient and the provider or the organization, which the provider represents. The third party (not existing in all cases) is a payer other than the patient. Third Party payers may be insurance companies, employers or, in some case, governmental agencies.

TRICARE: A Tri-Service managed care program that provides all health care for DoD beneficiaries within a DoD geographical region. It integrates Medical Treatment Facilities (MTF) direct care and TRICARE civilian provider resources by forming partnerships with military medical personnel and civilian contractors. There is typically both a military TRICARE Section and a TRICARE Service Center (TSC) run by civilian contractors in every MTF. Planners must review the regional TRICARE contract to determine if specific amount of minimum space for the contractor is stated for the TSC. **Note:** TSC space is not necessarily in the same area as Medical Administration. Military TRICARE Sections are separate and distinct from TSC's.

2.5.3. POLICIES:

Offices, Private: With the exception of the office provided for "Key Personnel," all other private offices will be 120 net square feet as stated in paragraph 2.1.5, Space Criteria. Private offices will be provided to following personnel:

- a) Staff who must meet with patients/customers on a regular basis and hold private consultations/discussion.
- b) The senior officer and enlisted member of a department.
- c) Staff who supervise others and must hold frequent, private counseling sessions with their junior staff. This does not include staff who supervise a very small number of people, and who would only occasionally need private counseling space. These staff can use available conference rooms or other private areas for their infrequent counseling needs.
- d) Any personnel who interview or counsel patients with patient privacy concerns.

Office, Non-Private or Shared Space: Personnel, who require office space, but not a private office, will be provided space in a shared office. Non-private or shared office space will be programmed at 60 net square feet per occupant.

Patient Records. Patient records in DoD facilities will be created, managed and stored in a manner, which maintains patient privacy. Outpatient records will be stored in a single area or may be stored in multiple areas but they are located in dedicated rooms and kept from other records such as inpatient records. Extended Ambulatory Records will be kept as inpatient records and will be separate from outpatient records, even if created and stored in a freestanding clinic.

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2.5.3. POLICIES: Continued

Patient Family Waiting: Supports several functions of the Medical Administrative Sections. Most patients using these areas will be seen by A&D clerks, Air Evac. Clerks, and Special Action/ Correspondence clerks. Sizes listed are for each independent function. These are three independent sections/offices that may be co-located. Co-location of these functions could reduce the overall size.

2.5.4. PROGRAM DATA REQUIRED:

Will the facility have a separate Patient Administration function?
Will there be a Chief of Patient Administration?
How many NCOIC/LCPO/LPOs are projected?
How many FTE Medical Records Clerks are projected in Patient Administration?
How many FTE Treasurers are projected?
How many FTE Admission and Disposition Clerks are projected?
How many FTE Birth Clerks are projected?
How many FTE Patient Advocates are projected?
How many FTE Decedent Affairs Clerks are projected?
How many FTE Benefits Counselors are projected?
How many FTE Medical Board/Disability Board Clerks are projected?
How many FTE Service Liaison Clerks are projected?
How many FTE Third Party Collection Clerks are projected?
How many FTE Aero Medical Evacuation Clerks are projected?
How many FTE Medical Coding Clerks are projected?
How many FTE Medical Statistics and Quality Assurance Clerks are projected?
How many additional personnel require a private office? Do include any personnel accounted for in the above questions.
How many additional personnel require a dedicated cubicle?
Will Extended Ambulatory Records (EARs) be maintained in Patient Administration?
What is the projected Average Daily Patient Load (ADPL)?
How many FTEs on peak shift are projected? Note: This information is used to calculate the number of Staff Toilets and the size of the Staff Lounge.
Will there be vending machines in the Staff Lounge?
Is a TRICARE Service Center (TSC) within the facility?
Is a TSC Director projected?
How many FTE TSC secretaries are projected?
How many FTE TSC staff will require a dedicated cubicle?
How many TSC Patient Interview windows are required?
How many FTE TSC Service Consultants are projected?
Is a Military TRICARE Program office projected?
Is a Military TRICARE Director projected?
Is a Military TRICARE NCOIC/LCPO/LPO projected?
Is a Military TRICARE Secretary projected?
How many FTE administrative staff require a dedicated cubicle?
How many Military TRICARE Patient Interview Windows are required?
How many FTE Military TRICARE Consultants are projected?

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2.5.4. PROGRAM DATA REQUIRED: Continued

Will the facility have inpatient care and/or ambulatory surgery?
How many annual admissions are projected?
How many annual ambulatory surgery procedures are projected?
Will Inpatient Records use fixed shelving (Yes = fixed, No = moveable shelving)?
How many FTE Inpatient Records Clerks are projected?
How many FTE Medical Records Transcriptionists are projected?
How many inpatient beds are projected?
Will outpatient records be stored in Patient Administration?
How many FTE Outpatient Records Clerks during peak shift will require a dedicated cubicle?
How many FTE Personnel Reliability Program Clerks are projected?
How many outpatient records will be stored in Patient Administration?
How many outpatient MEDICARE records will be stored in Patient Administration?
Will Outpatient Records use fixed shelving (Yes = fixed, No = moveable shelving)?
How many shelves high (5 or 6 will be used in outpatient records)?
Will the MTF have a central appointment service?
How many FTE Central Appointment Clerks are projected on peak shift? Note: This information is used to calculate the size of the Staff Lounge.
How many Red Cross Volunteers work in the MTF?
Is a Red Cross Director projected?
Is a Red Cross Secretary projected?

2.5.5. SPACE CRITERIA (for Hospitals and Medical Centers and for free-standing clinics which maintain Extended Ambulatory Records (EAR's))

2.5.5.1. Patient Administration Office Coordinate the terms below, since each Service may have Service specific terminology for various Medical Administration functions.

Chief of Patient Administration	OFA01	11.15	120	Private office, Standard Furniture. Per projected FTE.
	OFA02	11.15	120	Private office, System Furniture.
NCOIC/LCPO/LPO	OFA01	11.15	120	Per projected FTE.
	OFA02			
Medical Records Clerk(s)	OFA03	5.57	60	Per projected FTE medical records clerks.
Storage Room	SRS01	5.57	60	One per Patient Administration Office.
Admission/Disposition Interview Window	PAIA1	5.57	60	Per projected FTE Admission/Disposition Clerk.
Treasurer	OFA03	5.57	60	Per projected FTE.
Cashier Window	CASH1	5.57	60	Secure room with a payments window
Patient Counseling Room	OFA01	11.15	120	One per Patient Administration Office.
	OFA02			
Birth Clerk Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
Patient Advocate Waiting Area	WRCO1	7.43	80	Minimum. Add an additional 40 nsf for each FTE patient advocate greater than one.
Patient Advocate Office	OFA01	11.15	120	Per projected FTE.
	OFA02			

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2.5.5.1. Patient Administration Office: Continued

Decedent Affairs Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
Benefits Counselor Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
Patient Baggage Storage	SRPB1	11.15	120	Secure room for patient luggage
Medical Board/Disability Board or Physical Evaluation	OFA03	5.57	60	Per projected FTE.
Service Liaison Office	OFA01	11.15	120	Minimum. If FTE greater than two, provide 60 nsf for each additional (Army, Navy, Air Force, and Marine Corps) Service representative attached to the Hospital or Medical Center.
	OFA02			
Third Party Collection Clerk(s)	OFA03	5.57	60	Per projected FTE.
Aero-Medical Evacuation Clerk(s)	OFA03	5.57	60	Per projected FTE.
Record Coding Room	MRWK1	11.15	120	Minimum. Add an additional 60 nsf per medical coding clerk greater than two.
Medical Statistics and Quality Assurance Section	MRWK1	11.15	120	Minimum. Add an additional 60 nsf per clerk greater than two.
Private Office	OFA01	11.15	120	One per projected FTE requiring a private office. See Chapter 2.1 (General Administration), paragraph 2.1.3. Do not include Department Chief, NCOIC/LCPO/LPO, Birth Clerks, Patient Advocates, Decedent Affairs Clerks, Benefits Counselors, and Service Liaisons.
	OFA02			
Administrative Cubicles	OFA03	5.56	60	Per projected FTE requiring a dedicated work-space but not a private office. See Chapter 2.1, paragraph 2.1.3. Do not include Medical Records Clerks, Treasurer, Cashiers, Medical Board/Disability Board/Evaluation Clerks, Third Party Collection Clerks, and Aero Medical Evacuation Clerks.
Staff Lounge	SL001	13.01	140	Minimum 140 nsf for 10 FTEs on peak shift. Add 5 nsf for each peak shift FTE over 10. Maximum size is 300 nsf without vending machines and 320 nsf if vending machines are included.
Patient / Family Waiting.	WRC01	9.29	100	For freestanding clinic, that maintains EARS. Maximum.
		18.58	200	For hospitals with up to 100 average daily inpatients.
		37.16	400	For hospitals with more than 100 average daily inpatients.

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2.5.5.2. TRICARE Service Center (TSC) (in freestanding Clinics, Hospitals, and Medical Centers) Planner must review the regional TRICARE contract to determine if specific minimum space requirements exist (minimum amount of space that the government is required to provide the contractor).

TSC Director Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
Secretary w/ Visitor Waiting	SEC01	11.15	120	Per projected FTE.
Administrative Cubicle	OFA03	5.57	60	Per projected TSC staff that require a dedicated cubicle.
Forms/Literature Storage	SRS01	5.57	60	One per TSC.
TSC Patient Interview Window	PAIA1	5.57	60	Minimum of two. One per staffed window. May be shared with Military TRICARE.
TSC Service Consultant Office	OFA01	11.15	120	Per projected FTE TRICARE Service Consultant. Examples – Benefits Advisors, Nurse Managers, Utilization Managers, etc.
	OFA02			
TSC Waiting Area	WRC01	5.57	60	Minimum. Provide two seats at 16 nsf each for each FTE TSC Service Consultant.
TSC Reception/ Information	RECP3	11.15	120	Combine with waiting area.

2.5.5.3. Military TRICARE (in freestanding Clinics, Hospitals, and Medical Centers)

TRICARE Director Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
NCOIC/LCPO/LPO Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
Secretary w/ Visitor Waiting	SEC01	11.15	120	Per projected FTE.
Administrative Cubicle	OFA03	5.57	60	Per projected Military TRICARE staff that require a dedicated cubicle.
Forms/ Literature Storage	SRS01	5.57	60	One per Military TRICARE.
Patient Interview Window	PAIA1	5.57	60	Minimum of two. One per staffed window. May be shared with TRICARE Service Center.
TRICARE Consultant(s) Office	OFA01	11.15	120	Per projected FTE Military TRICARE Service Consultant. Examples - Benefits Advisors, Nurse Managers, Utilization Managers, etc.
	OFA02			
TRICARE Waiting Area	WRC01	5.57	60	Minimum. Provide two seats at 16 nsf each for each FTE Military TRICARE Service Consultant.
TRICARE Reception	RECP3	7.43	80	Combine with waiting area.

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2.5.5.4 Inpatient Records (in Hospitals and Medical Center and Clinics with Ambulatory Surgery Service)

Inpatient Records File Room	MRS01	18.58	200	Minimum. Fixed Shelving. See formula below in para. 2.5.5.7
	MRS02			Minimum. Moveable Shelving. See formula below in para. 2.5.5.7
Ambulatory Surgery Records	MRS01	9.29	100	Minimum. See formula in para. 2.5.5.7. for Inpatient Records
	MRS02			
Records/ Air Evacuation Work Area	MRWK1	18.58	200	One per records room. Includes copy machine.
Admission and Discharge (A&D) Cubicle	PAIA1	5.57	60	One "privacy booth" per projected FTE A&D Clerk.
Patient Record Clerks	OFA03	5.57	60	Per projected FTE.
Medical Records Transcription Room	MRT01	5.57	60	Per projected FTE.
Physician Work Room	WRCH1	11.15	120	Minimum for a facility with less than 50 beds. Increase to 180 nsf if MTF has greater than 50 inpatient beds.

2.5.5.5. Outpatient Records (in any Medical Treatment Facility)

Records Window	RECP1	5.57	60	One per Outpatient Records area for the dispensing/collection of records. Area may be distributed inside and outside of the records area window. This space can be decentralized to the Primary Care Clinic.
NCOIC/LCPO/LPO Office	OFA01	11.15	120	Per projected FTE. This space can be decentralized to the Primary Care Clinic.
	OFA02			
Record Clerk Cubicle	OFA03	5.57	60	Minimum. 40 nsf per Medical Records clerk during peak staffing shift. This accounts for large facilities that run several shifts in this area. This space can be decentralized to the Primary Care Clinic.
Personnel Reliability Program (PRP) Office	OFA03	5.57	60	Per projected FTE PRP clerk. This space can be decentralized to the Primary Care Clinic.
Outpatient Records Storage	MRS01	11.15	120	Fixed Shelving. Minimum. If outpatient records are stored in Patient Administration, see formula in para. 2.5.5.7. This space can be decentralized to the Primary Care Clinic.
	MRS02			Movable Shelving. See above.

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2.5.5.6. Central Appointments Office. (In any Medical Treatment Facility with a Central Appointment staff)

Central Appointments Director Office	OFA01	11.15	120	Per Central Appointment Office.
	OFA02			
Central Appointments Clerk Cubicle	OFA03	5.57	60	Per projected FTE Central Appointment Clerk on peak shift. This accounts for large facilities that run more than one appointment shift.
Central Appointments Staff Lounge	SL001	9.29	100	Minimum. Only for areas with eight or more clerks. Add 5 nsf for each five clerks over 10.

2.5.5.7 Red Cross

Red Cross Director	OFA01	13.01	140	Per projected FTE Red Cross Director.
	OFA02			
Red Cross Secretary w/ Visitor Waiting	SEC01	11.15	120	Per projected FTE secretary.
Volunteer Staff Lounge	SL001	13.01	140	Provide one Red Cross lounge when volunteer count exceeds ten.
Volunteer Staff Personal Property Locker	LR001	1.86	20	Minimum. Provide two nsf for every projected volunteer on duty at one time in excess of ten. Maximum of 100 nsf.

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2.5.5.8 Formulas.

***Note:** Concerning all records storage areas: If a high-density file storage system (space saver) is planned, the net square footage may be reduced by 44.8%.*

Formulas for Patient Records Storage Areas:

Formulas for Inpatient Records and Extended Ambulatory Records Storage Areas:

Inpatient/EAR Records: $NSF = (\text{annual admissions}) \times (\text{maximum year records are retained factor}) \times (\text{inches of records per admission}) \times (0.055 NSF)$

***Note:** Because measurement of these records is based on an actual measurement of records on hand, there is not a requirement to calculate MEDICARE eligible records separately.*

STEPS:

1. *Project the number of admissions and ambulatory surgery procedures in medical facility annually.*
2. *Determine the number of years this facility will retain active records and apply the appropriate factor:*
 - Factor = 3, if not required to maintain records for two years.*
 - Factor = 6, if required to maintain records for five years.*
 - NOTE: As a rule medical centers retain records for five years and other hospitals retain records for two years.*
3. *Calculate the inches of record per admission, often a fraction of an inch. Count the number of inpatient records in a typical sample of 50 inches of records (4 foot - 2 inches) of records. This is a measure of the thickness of the records. The fifty inches of records would be 50 inches if staked on top of each other. Divide 50 inches by the number of records in the stack 50 inches high - i.e. you will arrive at average thickness of a record (inches per record).*
4. *0.055 is a conversion factor (square foot per inch), which converts inches of records into square feet of floor space needed to store the records in shelving that is 3 feet wide and 6 shelf units high and includes the aisle space to file and retrieve records.*
5. *Insert the appropriate numbers and factors in the formula and calculate the required net square feet (nsf).*

***Note:** Inactive records are sent to the National Treatment Records Center.*

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Formula for Outpatient Records Storage Areas:

Note: Concerning all records storage areas: If a high-density file storage system (space saver) is planned, the net square footage may be reduced by 44.8%.

Outpatient Records Room: $NSF = (\text{projected number of records}) / (\text{linear feet conversion factor}) \times (0.06 \text{ square feet per linear feet, shelf factor})$

Note: This formula must be calculated separately for MEDICARE eligible patients and for non-MEDICARE eligible patients using a different linear feet conversion factor and different projected numbers of records.

STEPS:

1. From the beneficiary population to be served, project the number of non-MEDICARE eligible patient records that require file space.
2. Use a linear feet conversion factor of 16 records per linear foot for non-MEDICARE patients.
3. Insert the appropriate numbers and calculate the formulas.
4. If the MTF is providing care to MEDICARE eligible patients, then also calculate additional space using the same formula as follows.
5. From the beneficiary population to be served, project the number of MEDICARE eligible patient records that require file space.
6. Use a linear feet conversion factor of 8 records per linear foot.
7. Insert the appropriate numbers and calculate the formulas.
8. Combine the NSF of space required for MEDICARE and non-MEDICARE eligible patients to obtain the total outpatient files storage area required.